

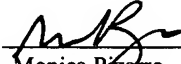


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Rosenberg, Louis B
SERIAL/PATENT NO.: 10/782,878
FILING/ISSUE DATE: February 23, 2004
TITLE: Designing Force Sensations For Force Feedback Computer Applications
EXAMINER: Faranak Fouladi Semnani
ART UNIT: 2674,

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as First Class
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22313-1450, on the date printed below:

Date: 8/8/05 Name: 
Monica Pizarro

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CHANGE OF ATTORNEY DOCKET NUMBER


Please change the Attorney Docket No. for this patent application to:

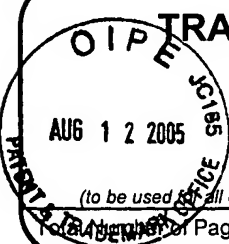
IMMR-0031B

Please amend the appropriate records to reflect this Attorney Docket Number.


Respectfully submitted,
THELEN REID & PRIEST LLP

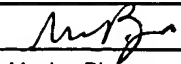
Dated: 8/8/5


David B. Ritchie
Reg. No. 31,562

 TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/782,878
	Filing Date	February 23, 2004
	First Named Inventor	Louis B. Rosenberg
	Art Unit	2674
	Examiner Name	Faranak Fouladi Semnani
	Attorney Docket Number	IMMR-0031B
Total Number of Pages in This Submission		

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Revocation of Attorney and POA Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Patent practitioners to be made of record; Change of attorney docket number
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Thelen Reid & Priest LLP		
Signature			
Printed Name	Khaled Shami		
Date	August 8, 2005	Reg. No.	38,745

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Monica Pizarro	Date	August 8, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
<div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> FEE TRANSMITTAL AUG 12 2005 U.S. PATENT & TRADEMARK OFFICE </div>		Application Number	10/782,878
		Filing Date	February 23, 2004
		First Named Inventor	Louis B. Rosenberg
		Examiner Name	Faranak Fouladi Semnani
		Art Unit	2674
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	IMMR-0031B
TOTAL AMOUNT OF PAYMENT (\$)		2150	

METHOD OF PAYMENT (check all that apply)

- ☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify) : _____
- ☒ Deposit Account
 Deposit Account Number: 50-1698
 Deposit Account Name: Thelen Reid & Priest LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s)
 ☒ Credit any overpayments
- Under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
36	20 or HP = 14	x 50 = 700
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
12	3 or HP = 6	x 200 = 1200
HP = highest number of independent claims paid for, if greater than 3.		
		Fee Paid (\$)

		Multiple Dependent Claims
		Fee (\$)
		Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x	=	_____

4. OTHER FEE(S)


Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : Statutory Disclaimer (1814) \$130 and Extension of Time (1251) \$120

Fees Paid (\$)

250

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	38,745	Telephone	408.292.5800
Name (Print/Type)	Khaled Shami	Date	August 8, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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